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Bib Data Sheet

CONFIRMATION NO. 6578

<b>SERIAL NUMBER</b> 09/836,522	<b>FILING DATE</b> 04/17/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Mark Moore, Tallahassee, FL; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/08/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 9
			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> Innovation Park 1673 W. Paul Dirac Drive Tallahassee, FL 32310-3763				
<b>TITLE</b> Laparoscopic anesthetic sprayer system				
<b>FILING FEE RECEIVED</b> 420	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	